INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
9/7/03	1400	S/O- non verbal, alert, Flat & dull mood Complains c/o Medication regimen Rested on bed majority of time. Gait steady A-altered level of comfort r/t mental state P-will continue to monitor J. Lovelace
9/7/03	2005	S- "I am alright, nurse." O- Standing @ cell c/o smile on face. Affect appropriate Alert & oriented x3 Resp c/ ease No S/S of distress voiced/noted @ present time. Compliant c/ meds as ordered A- Altered level of comfort R/T mental status P- Will continue to monitor ——— M. Robinson
9/8/03	0445	S- "Good morning" O- alert standing @ cell door. Resp c/ ease. Gait steady. Consumed 100% of breakfast. appears to have slept well this shift. No c/o noted. A- No distress noted P- continue POC. ——— J Dillon Lpn
9/8/03	0845	S/O- Resting in cell bed. Eyes closed- Resp. c/ ease. no c/o pain/no sign of distress noted @ this time A- altered level of comfort R/T Mental Status P- will continue to monitor. — V. Edwards, LPN

Patient';s Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton Randall	226420	19	B/M	KCF

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
9-5-03	2230	S- No Co discomfort -	
		O- Lying on bed with eyes closed - Resp regular with ease - 1 ad lib at short intervals in cell - No distress noted at this time -	
9-6-03	0200	Resting quietly with eyes closed -	
	0400	Awakened for VS - B/P 132/66 T-96.7 P-55 R-18 Alert & oriented - no seizures noted	
	0430	Diet served - ate well - No SZ activity	
	0530	A- Altered level of Comfort R/T Mental status at seizures -	
		P- Continue plan of Care ——— M. Solomon, LPN	
9/6/03	1735	S- "How are you, nurse?"	
		O- Standing @ cell door c proper affect. Alert & oriented x3 Resp c ease. No S/S distress voiced/noted @ present time Compliant c meds as ordered V/S assessed B/P 152/94 P 73 R 18 T 98.0	
		A- Potential altered level of comfort R/T mental status	
		P- Will continue to monitor ——— M Solomon, LPN	
9-7-03	0400	S & O - Resting quietly on bed c eyes closed - 1 ad lib in cell - Resp regular with ease - No acute distress noted -	
	0430	Quiet -	
	0500	- altered level of Comfort R/T Mental status -	
		P- Continue plan of Care ——— M. Solomon, LPN	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226430	19	B/M	KCF

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): ASSESSMENT
Educational Assessment

Highest grade completed: 11 ☐ Regular Classes ☑ Special education

☐ Able to read ☐ Able to Write (SMALL AMOUNT NOT) ☑ Able to Communicate ☐ Able to Understand Current Diagnosis

☐ Unable to Read ☐ Unable to Write ☐ Unable to communicate ☐ Unable to Understand Current Diagnosis

Mental Status

Age: 19 ☑ Appears Stated Age ☐ Appears Younger ☐ Appears Older

Dress/Grooming: ☐ Appropriate ☐ Marginal ☐ Disheveled ☐ Bizarre

Posture: ☐ Unremarkable ☐ Rigid ☐ Stooped

Facial: ☐ Unremarkable ☐ Hostile ☐ Worried ☐ Tearful ☐ Sad

Eyes: ☐ Unremarkable ☐ Glances Furtively ☐ Stares ☐ Poor Eye Contact

Motor Activity: ☐ Increased ☐ Decreased ☐ Gait Unsteady ☐ Gait rigid

☐ Gait slow ☐ Agitation ☐ Tremors ☐ Tics

General Attitude/Behavior: ☑ Spontaneous ☐ Preoccupied ☐ Suspicious ☐ Argumentative

☐ Self – Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile

Mood/Affect: ☐ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful

☐ Labile ☐ Blunt ☐ Inappropriate ☐ Constricted APPROPRIATE

Speech/Communication: ☐ Normal ☐ Aphasia ☐ Slurred ☐ Rapid ☐ Mute

Flight of ideas: ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☐ Over Productive

Thought Content: ☐ Suicidal Thought/Plans ☐ Homicidal Thoughts/Plan ☐ Antisocial Attitude

☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive religion ☐ Bizarre ☐ Self-Pity

☐ Assaultive ideas ☐ Hypochondrias ☐ Alienation ☐ Obsessive ☐ Blames others ☐ Suspiciousness

☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guile ☐ No deficit identified

Abstract Thinking: ☑ Unimpaired ☐ Concrete

Delusions: ☐ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other

Hallucinations: ☐ None ☑ Auditory ☑ Visual ☐ Olfactory ☐ Tactile

Memory: ☑ Grossly intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory

Insight /Judgment: ☐ Unimpaired ☐ Poor Judgment ☐ Poor Insight

☐ Unmotivated to Treatment

Assessment Completed By: [signature] Date: 9-5-03

☐ ADDITIONAL COMMENTS IN PROGRESS NOTES

INMATE NAME	AIS #
HAMPTON, Randell	226470

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

AUTHORIZATION FOR RELEASE OF ADOC MENTAL HEALTH INFORMATION

I authorize mental health staff of the Alabama Department of Corrections staff to release information from the mental health documentation in my medical record to the following agencies for the purpose of:

- ☐ Parole Board Evaluation
- ☐ Discharge Planning for ADOC Release
- ☐ Other:_____

1.	Barbara Hampton - mother
2.	Daron Hampton Brother 334 395-6547
3.	Glenn Hampton - Brother
4.	Erica Hampton - Sister

I also authorize mental health staff to discuss my mental health treatment with staff of the above noted agencies.

This authorization will remain valid for 180 days from the date of my signature unless I revoke the authorization in writing.

INMATE SIGNATURE: X Randell Hampton DATE: 9-5-03

STAFF SIGNATURE: B Dunn DATE: 9-5-03

To receiving agency: Further disclosure of the provided information without specific written authorization of the inmate or as otherwise permitted by law is legally prohibited.

If clarification is necessary, contact:

_____ Phone Number:_____

Inmate Name	AIS #
Hampton, Randell	226420

ALDOC Form #444-02

MENTAL HEALTH UNIT RULES

In order to provide a more therapeutic environment, the following rules will be observed by all inmates assigned or on pass to the Mental Health Unit. You will acknowledge your acceptance of these rules by signing below.

1. Inmates must be fully compliant with their medications and must participate in all prescribed psychotherapy, counseling, and group therapy. Willful misuse of medications (e.g. throwing it way, "cheeking", hoarding, giving it away, etc.) will result in disciplinary action.
2. Inmates must maintain their personal hygiene and grooming in such a manner as to comply with Department of Corrections regulations and health care standards. Showers begin at 6:00A.M. Cells should be cleaned and beds made at this time. Inmates are expected to clean up their own areas daily. Inmates who fail to do so will be reported to their therapists for counseling on this matter.
3. Cigarettes and/or tobacco products are not allowed on the Mental Health Unit. Disciplinary action will be taken for each violation.
4. Store order is limited to $15.00 per week. One bag of coffee twice a month is allowed.
5. Inmates are to be properly attired (institutional pants and shirts or undershirt) during the hours of 7:00A.M. to 5:00P.M. unless engaged in hygiene or grooming activities. No bare chests, bare feet, or undershorts will be exposed during these hours.
6. Inmates are not to steal or fight, nor to gamble, barter, or trade personal or store items.
7. Inmates will not engage in any homosexual activities, or in masturbation/fondling of the genitals in the view of others.
8. The television is provided for the use of everyone. Disputes over channel selection are to be taken to the officer on duty, who will, in turn, conduct a vote.
9. Inmates will respect the rights and feelings of each other, as well as those of the staff (security, nursing, mental health). Name-calling, teasing, verbal threats, cursing, and sexual innuendoes will not be tolerated.
10. The formation of cliques is discouraged. Inmates are not to engage in group discriminatory practices.
11. Inmates who violate these rules will be subject to confinement to their cells, removal from the unit, and /or disciplinary action.

Randell Hamilton
INMATE'S NAME

Y22-64-20
AIS NUMBER

WITNESS

9-5-03
DATE

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
9/5/03	1355	Attempted to be worked a hard to read the Mental Health rules to the Pt. because he said I can read a little. Agave mother, sister, 2 brothers to BE put on his Authorization for Release of ADOC Mental Health Information form —	
9/5/03	14:05	S+O: Inmate taken to West ward earlier this shift 2° seizure activity. Arrived here from Bullock late yesterday E ø current MAR. Last order noted in packet for Tegretol + PB were written 01/03, and inmate had not rec'd meds since yesterday AM. Rx renewed + 1/m sent back to IPSU. Awake + Alert. ↑ amb. in unit + cell ad lib. ø further SZ activity noted this shift. A: Pot adj in comfort R/t mental states + SZ act. P: Cont. P.O.C.	

Patient';s Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226420	19	B/M	WCF

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
Sept 4/03	1435	S&O: Ambulated c officers to MHU 19yr o B/M fairly groomed. C/O "I hear voices telling me to hurt myself they keep coming to me. I bumped my head on the wall so the voices can stop that's how I got the stitches in the back of my head. No Bleeding noted, C/O some pain still presist at times. Referred to Dr. Shephard See evaluation. Resp@ 18 P-87 B/P 143/82, T Skin W/D: Wt 150.0 lbs. See MAR for Meds ordered. Cooperative @ present time. A: Altered 4/c RT Mental Status P: Placed in MHU cell #5 Regular Observation.	
9/4/03	1830	S-"I am feeling a little funny, I have some seizure meds that I am to take." O-Standing @ cell door. Appropriate affect Alert + oriented x 3 Resp c ease No S/S of distress noted @ present time. A-Altered level of comfort R/T mental status P-Will continue to monitor ——— M Robinson, RN	
9/5/03	0200	S+O - noted resting on bunk Quietly resp of visible distress, eyes close Covered c Blanket NAD noted —	
	0420	sitting ↑ on bunk Eating from Breakfast tray Spent Quiet + restful night (Cont.)	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226430	19	B/M	KCF

Pam BCC.

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION FORM
Page 1 of 2

Referred by:
☐ Admission to Institution ☑ Mental Health Staff ☐ Medical Staff ☒ Other Transfer from BCCF

Reason for Referral (Presenting Problem):
I PSU and Taylor Hardin Secure Medical facility, arrive here on a transfer from BCCF. He was in

Psychiatric History (inpatient/outpatient/dates of treatment/medications prescribed): no distress, was cooperative & the admission procedures by Corrections Officer, Nursing, and the MSE by this writer. He was given a final dx - Malingering
- Polysubstance Abuse
- Antisocial Personality Dis
by Taylor Hardin team following a complete dx w/u (see copy of summary in his jacket, dated 07 09 02. A full chart review is in order, absent the transfer note, and acute

Pertinent Medical History (allergies): NKDA "Continued observation and testing indicated a high probability of malingering..." (THMHF) 070302
S/P Closed Head Injury in 1995
Seizures (1997 onset) / managed by Carbamazepine and Phenobarbital.

Substance Abuse History:
Alcohol, Marijuana, and numerous ~~drugs~~ of illicit drugs - no successful tx reported

Pertinent Personal/Family History (inmate's sentence):
Serving 2y for Robbery, I.
Barbara Hampton of Elmore, AL is listed as the mother -

Institutional Adjustment (current placement):
and behavioral challenges - fraught w/ a myriad of disciplinary

Inmate Name	AIS #
Hampton, Randall	226420

ALDOC Form 455-01

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION FORM

Page 2 of 2

Mental Status Examination:

Appearance and Behavior: 19 y.o. BM, WN, W/D, in no distress, alert, oriented to only the month (Jun) & place, person, and his situation; unimpaired (though reflecting some borderline intellectual functioning)

Mood and Affect:

Speech and Language:

Thought Process: goal-directed; no loose associations.

Thought Content and Perceptions: No report of recent auditory or visual hall

Cognitive Assessment/Memory: Cautious. - no SI or urges - no HI or urges -. Marginal social judgement as seen in [illegible] type youngsters - Conduct disorder, Aggressi

Insight/Judgement:

Sleep/Appetite: Eats well. witnessed on ad[illegible] sion

Suicide/Violence Risk Assessment:

Past Suicidal Ideation/Attempts (dates and methods): (+) "but I forgot what I did"

Current Suicidal Ideation and Behavior: (-)

Past Violent/Assaultive Behavior: (+)

Current Violent/Assaultive Ideas/Behavior: (-)

Diagnostic Impression

Axis I: (a) 303.90 Alcohol Dependence (b) 304.80 Polysubstance Dep. (c) R/O 298.9 Psychotic D/O NOS;

Axis II: Antisocial Personality Disorder 301.7 ? Borderline d) R/O V.65.2 Malingering

Axis III: Seizures

Axis IV: Incarceration

Axis V: GAF 50 Current

Treatment Recommendations (including medications/labs ordered/special housing)

1. Observation of ongoing behavioural activity
2. Matter-of-fact oriented Counselling by MHP
3. Activities by Activities Technician

Mental Health Code: SMI HARM HIST NONE

Psychiatric Follow-Up Required Within: ____ Days

Psychiatrist Signature Date 09/06/03

Inmate Name	AIS #
Hampton, Randall	226420

ALDOC Form 455-01

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
ABNORMAL INVOLUNTARY MOVEMENT SCALE (MODIFIED)

INVOLUNTARY MOVEMENT RATING
Rate highest severity observed. Rate movements That occur upon activation one less than those Observed spontaneously.

CODE
0 – Normal, no involuntary movement
1 – Minimal, fleetingly present
2 – Mild, occurs more than four times
3 – Moderate, persistent
4 – Severe, very pronounced and continuous

FACIAL AND ORAL MOVEMENTS	MUSCLES OF FACIAL EXPRESSION: movements of forehead, eyebrows, periorbital area, cheeks; includes frowning, blinking, smiling, grimacing	(0) 1 2 3 4
	LIPS AND PERIORAL AREA: puckering, pouting, smacking	(0) 1 2 3 4
	JAW: biting, clenching, chewing, mouth opening, lateral movement	(0) 1 2 3 4
	TONGUE: rate only increase in movement both in and out of mouth NOT inability to sustain movement	(0) 1 2 3 4
EXTREMITY MOVEMENTS	UPPER (arms, wrists, hands, fingers): include choreic movements (rapid, objectively purposeless, irregular, spontaneous), athetoid movements (slow, irregular, complex, serpentine). DO NOT INCLUDE tremors (repetitive, regular, rhythmic)	(0) 1 2 3 4
	LOWER (legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	(0) 1 2 3 4
TRUNK MOVEMENTS	NECK, SHOULDER, HIPS: rocking, twisting, squirming, pelvic gyrations.	(0) 1 2 3 4
GLOBAL JUDGEMENTS	SEVERITY OF ABNORMAL MOVEMENTS	(0) 1 2 3 4
	INCAPACITATION DUE TO ABNORMAL MOVEMENTS	(0) 1 2 3 4
	PATIENTS AWARENESS OF ABNORMAL MOVEMENTS: rate only patient's report 0 – No awareness 1 – Aware, no distress 2 – Aware, mild distress 3 – Aware, moderate distress 4 – Aware, severe distress	(0) 1 2 3 4
DENTAL STATUS	CURRENT PROBLEMS WITH TEETH AND/OR DENTURES	(NO) YES
	DOES PATIENT USUALLY WEAR DENTURES?	(NO) YES

Assessed by: GCST-CHARLESMD Date: 090403
Reviewed by: Date:

Inmate Name	AIS #
Hampton, Randall	226420

DOC Form #456-02

B/M

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

PAGE 1

Institution: Bullock ☐ RTU ☒ SU		Date/Time of Admission: 8/4/03 @ 2:35 pm	
Inmate Name: Hampton, Randall	AIS#: 226420	DOB: 11/15/83	

Vital Signs

BP	P	R	HT	WT	Allergies:
142/92	87	18	5'11"	168	NKA

Temp 98.8 Skin W/D

Past Medical History

☐ Diabetes ☐ Heart Disease ☐ Kidney Disease ☐ Hypertension ☐ Cancer ☐ TB
☒ Seizures ☐ COPD ☐ Back Problems ☐ Liver Disease ☐ Stroke
☐ Peptic Ulcer D/O ☐ Congenital D/O ☐ Peripheral Vascular Disease ☐ Other

Assistive Devices

☐ Walker ☐ Crutches ☐ Cane ☐ Wheelchair ☐ Artificial Limb (s)
☐ Glasses ☐ Hearing Aid ☐ Partial Dentures ☐ Upper Dentures ☐ Lower Dentures
☐ Other:

Major Illnesses/ Accidents / Surgeries / etc.
Teacher Beat My head Brick wall 1995 causing my Seizure
Paranoid ; Schizop.

Current Medical Problems:
Seizure Closed head Injuries (stitches B.

Current Medical Medications / Dosages: Tegretol 400/mg BID Phenob. 60 mg BID (4-Am 5-pm)

Compliance: ☒ 100% ☐ 50% to 90% ☐ 10% to 40% ☐ 0%

Sleep Pattern: ☐ Insomnia ☐ Difficulty Falling Asleep ☐ Difficulty Waking Up ☐ Other:

Tobacco/Amount: Caffeine/Amount:

Hygiene: ☐ Good ☒ Fair ☐ Poor Showers QD times a week

Appetite: ☒ Good ☐ Fair ☐ Poor ☐ Appears Adequately Nourished ☐ Deficit

History of Failure to Eat / Hunger Strikes: ☒ No ☐ Yes Last Episode (explain)

PSYCHIATRIC HISTORY

Symptoms of First Psychiatric Event / Age of Onset:
When I was little I was Hearing Voices (dont know the age) 20?

Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:
2001 - Dothan, B'ham Tuscaloosa
for Taken Hardin (Tuscaloosa)

Side-Effects Experienced / Causative Medications: NK

History of Aggression / Acting Out Behavior: ☒ Yes ☐ ~~No~~

Last Episode (explain):
Voices Tell to kill myself - Flush my head down the Stool @ Bullock 2wks ago I Bump my head and I still have stitches on mid Back & h

Bad Dream I in a Shoot out
I was killing up folks".
Some One out Of get me. I plede the Blood of Jesus and that helps

Disciplinary allocations 2 I/M's

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT
PAGE 2

Educational Assessment

Highest Grade Completed: 11th 2002 ☐ Regular Classes ☐ Special Education
☐ Able to Understand Current Diagnosis ☐ Able to Read ☐ Able to Write ☐ Able to Communicate
☐ Unable to Understand Current Diagnosis ☐ Unable to Read ☐ Unable to Write ☐ Unable to Communicate

Mental Status

Age: ☐ ~~Appears Stated Age~~ ☐ ~~Appears Younger~~ ☐ Appears Older

Dress/Grooming: ☐ Appropriate ☐ Marginal ☐ Disheveled ☐ Bizarre

Posture: ☐ Unremarkable ☐ Rigid ☐ Stooped

Facial: ☐ Unremarkable ☐ Hostile ☐ Worried ☐ Tearful ☐ Sad

Eyes: ☐ Unremarkable ☐ Glances Furtively ☐ Stares ☐ Poor Eye Contact

Motor Activity: ☐ Increased ☐ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☐ Gait Slow
☐ Agitation ☐ Tremors ☐ Tics

General Attitude/Behavior: ☐ Spontaneous ☐ Preoccupied ☐ Suspicious ☐ Argumentative
☐ Self-Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile

Mood / Affect: ☐ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful ☐ Labile
☐ Blunt ☐ Inappropriate ☐ Constricted

Speech / Communication: ☐ Normal ☐ Aphasia ☐ Slurred ☐ Rapid ☐ Mute
☐ Flight of Ideas ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☐ Over Productive

Thought Content: ☐ Suicidal Thoughts/Plans ☐ Homicidal Thoughts/Plan ☐ Antisocial Attitudes
☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Alienation ☐ Blames Others ☐ Suspiciousness
☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ Obsessive ☐ No Deficit Identified

Abstract Thinking: ☐ Unimpaired ☐ Concrete

Delusions: ☐ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other_____

Hallucinations: ☐ None ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile

Memory: ☐ Grossly Intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory

Insight / Judgment: ☐ Unimpaired ☐ Poor Judgment ☐ Poor Insight

☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment

Assessment Completed by:_____ Date:_____

☐ ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

Inmate Name	AIS #

ALDOC Form 472-04 (Page 2 of 2)

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION FORM
Page 1 of 2

Referred by:

☐ Admission to Institution ☒ Mental Health Staff ☐ Medical Staff ☒ Other BCF

Reason for Referral (Presenting Problem):

Today from ~~Bullock~~ Correctional Facility to KCF's Intensive Y Habilitation Unit.

Psychiatric History (inpatient/outpatient/dates of treatment/medications prescribed):

Inmate has an hx of prior psychiatric tx both in Taylor Hardin, and in private since '97, aside from what care he got also from a Community Mental Health Center. Moreover, he is also treated c Tegretol and Phenobarbital for seizures 2° Head injury in '95 - His hx documents Sx of "bizarre behavior such as smearing feces, hearing voices..." today, he acted upon Suicidal thoughts (see KCF entries dated 012203 from ~~Bullock~~ KCF in '95

Pertinent Medical History (allergies):

NKDA
S/P Head Injury in '95
Seizures c/ '97 onset (Rx'd Tegretol and Phenobarbital)
7 stitches fresh ass'r ® to behead laceration

Substance Abuse History:

Marijuana
Alcohol, and others

Pertinent Personal/Family History (inmate's sentence):

Serving time for robbery

Institutional Adjustment (current placement):

Marginal to poor

Inmate Name	AIS #
Hampton, Randall	226420

ALDOC Form 455-01

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION FORM

Mental Status Examination:

Appearance and Behavior: Looking slender, c/o: "I'm real hungry", sleepy and dozing off and on, oriented to yes, "2003", "Kubet", etc - angry (over fight c officer ... this dude sold my shoes ..."- affect angry.

Mood and Affect:

Speech and Language:

Thought Process: goal-directed

Thought Content and Perceptions: "I've not heard voices in a long time

Cognitive Assessment/Memory:

Insight/Judgement: difficult to ascertain c lack of cooperativeness 2° to dozing and asking "real hungry, man!"

Sleep/Appetite:

Suicide/Violence Risk Assessment:

Past Suicidal Ideation/Attempts (dates and methods): (a) "but I forgot what I did", says inmate.

Current Suicidal Ideation and Behavior: Acting out of suicidal ideation according to report, inmate denies: "I wasn't suicidal..."

Past Violent/Assaultive Behavior: Robbery - "I hit the dude who sold my shoes"... he admits

Current Violent/Assaultive Ideas/Behavior: denies

Diagnostic Impression:

Axis I: (a) 303.90 Alcohol dependence (b) 304.80 Polysubstance dependence (c) 298.9 Psychotic Disorder NOS (in partial remission) (d) R/O 295.7 Schizoaffective Disorder (bipolar type)

Axis II: R/O 301.9 Personality Disorder, NOS

Axis III: Seizures - S/P Head Injury since '95

Axis IV: Incarceration

Axis V: GAF 30 current

Treatment Recommendations (including medications/labs ordered/special housing)

(1) Inmate is denying suicidal ideation or intent; as also he denies a/v hallucinations - will await diagnostic clarification.
(2) Suicide watch for further diagnostic observation as well as supportive counselling, and no psychiatric drugs or starting orders yet.
(3)

Mental Health Code: SMI HARM HIST NONE

Psychiatric Follow-Up Required Within: ____ Days

Psychiatrist Signature **Date** 10.012203

Inmate Name	AIS #
Hampton, Randall	226420

ALDOC Form 455-01

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT
PAGE 1

Institution: Kilby ☐ RTU ☐ SU		Date/Time of Admission: 1/22/03 @1400	
Inmate Name: Hampton, Randall	AIS#:	DOB: 10/15/83	

T-968

Vital Signs

BP	P	R	HT	WT	Allergies:
122/72	98	20	5'9"	146	NKDA

Past Medical History

☐ Diabetes ☐ Heart Disease ☐ Kidney Disease ☐ Hypertension ☐ Cancer ☐ TB
☐ Seizures ☐ COPD ☐ Back Problems ☐ Liver Disease ☐ Stroke
☐ Peptic Ulcer D/O ☐ Congenital D/O ☐ Peripheral Vascular Disease ☐ Other

Assistive Devices

☐ Walker ☐ Crutches ☐ Cane ☐ Wheelchair ☐ Artificial Limb (s)
☐ Glasses ☐ Hearing Aid ☐ Partial Dentures ☐ Upper Dentures ☐ Lower Dentures
☐ Other:

Major Illnesses/ Accidents / Surgeries / etc. - See Body Chart 1/22/03
Head injury in 1995

Current Medical Problems: Seizure

Current Medical Medications / Dosages: See MAR

Compliance: ☒ 100% ☐ 50% to 90% ☐ 10% to 40% ☐ 0%

Sleep Pattern: ☐ Insomnia ☐ Difficulty Falling Asleep ☐ Difficulty Waking Up ☐ Other: Sleeps OK

Tobacco/Amount: 1/2 pack/day Caffeine/Amount: drinks when available

Hygiene: ☐ Good ☒ Fair ☐ Poor Showers 7 times a week

Appetite: ☒ Good ☐ Fair ☐ Poor ☐ Appears Adequately Nourished ☐ Deficit

History of Failure to Eat / Hunger Strikes: ☒ No ☐ Yes Last Episode (explain)

PSYCHIATRIC HISTORY

Symptoms of First Psychiatric Event / Age of Onset: depression 11 y/o

Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:
Taylor Hardin

Side-Effects Experienced / Causative Medications: N/A

History of Aggression / Acting Out Behavior: ☐ Yes ☐ No

Last Episode (explain):

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT
PAGE 2

Educational Assessment

Highest Grade Completed: 11th ☑ Regular Classes ☐ Special Education
☑ Able to Understand Current Diagnosis ☑ Able to Read ☐ Able to Write ☐ Able to Communicate
☐ Unable to Understand Current Diagnosis ☐ Unable to Read ☐ Unable to Write ☐ Unable to Communicate

Mental Status

Age: 19 ☑ Appears Stated Age ☐ Appears Younger ☐ Appears Older

Dress/Grooming: ☒ Appropriate ☐ Marginal ☐ Disheveled ☐ Bizarre

Posture: ☒ Unremarkable ☐ Rigid ☐ Stooped

Facial: ☐ Unremarkable ☐ Hostile ☐ Worried ☐ Tearful ☒ Sad

Eyes: ☑ Unremarkable ☐ Glances Furtively ☐ Stares ☐ Poor Eye Contact

Motor Activity: ☐ Increased ☐ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☐ Gait Slow
☐ Agitation ☐ Tremors ☐ Tics

General Attitude/Behavior: ☐ Spontaneous ☐ Preoccupied ☐ Suspicious ☐ Argumentative
☐ Self-Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile

Mood / Affect: ☒ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful ☐ Labile
☐ Blunt ☐ Inappropriate ☐ Constricted

Speech / Communication: ☒ Normal ☐ Aphasia ☐ Slurred ☐ Rapid ☐ Mute
☐ Flight of Ideas ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☐ Over Productive

Thought Content: ☐ Suicidal Thoughts/Plans ☐ Homicidal Thoughts/Plan ☐ Antisocial Attitudes
☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Alienation ☐ Blames Others ☐ Suspiciousness
☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ Obsessive ☐ No Deficit Identified

Abstract Thinking: ☒ Unimpaired ☐ Concrete

Delusions: ☒ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other_____

Hallucinations: ☒ None ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile

Memory: ☒ Grossly Intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory

Insight / Judgment: ☒ Unimpaired ☐ Poor Judgment ☐ Poor Insight

☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment

Assessment Completed by: J. Joaquin LPN Date: 1/22/03

☐ ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

Inmate Name Hampton, Randall	AIS # 226420

ALDOC Form 472-04 (Page 2 of 2)

BCCF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Randall Hampton AIS NO. 3M 226420 CELL: 3
VIOLATION OR REASON: #62 ADMITTANCE AUTH. BY: Lt G. Bakers
DATE & TIME RECEIVED 12-16-05 @4:40pm DATE & TIME RELEASED
PERTINENT INFORMATION: 62 intentionally creating a safety, security, Health Hazard

DATE	SHIFT	MEALS B	MEALS D	MEALS S	SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
12/19/05	MORN	Y	N	N	N	N	Glaze	N	Meds given	B. Ellis, COI
	DAY		Y		ND	Refused	[illegible]	ND	meds given	D. [illegible], CO I
	EVE			Y	N	N	AL	N	Rec meds	S. Calhoun COI
MON										
12/20/05	MORN	yes			no	no	Landers	no	rec'd. meds	M. Fitzpatrick CO
	DAY		Y		NO	Refused	Mosley	NO	Rec'd meds	D. [illegible] CO I
	EVE			Y	Y	N	Roberts	N	rec meds	S. Calhoun COI
TUE										
12/21/05	MORN	Y	N	N	N	N	Glaze	N	Meds given	B. Ellis, COI
	DAY		Y	N	N	R	[illegible]	[illegible]	Received meds [illegible]	[illegible] CO
	EVE			Y	N	N	[illegible]	N	Received meds [illegible]	[illegible] CO
WED										
12/22/05	MORN	yes			no	no	Glaze	no	meds given	M. Fitzpatrick COI
	DAY	—	Y	—	N	Refused	Mosley	N	Rec'd meds	[illegible], CO
	EVE			Y	Y	ND	[illegible]	ND	Rec'd meds	D. Johnson, COI
THUR										
12/23/05	MORN	Y	N	N	N	N	Glaze	N	Meds given	B. Ellis, COI
	DAY	N	Y	N	N	Refused	[illegible]	N	no meds	[illegible], CO
	EVE			Y	N	N	Roberts	[illegible]	rec. meds	S. Calhoun COI
FRI										
12/24/05	MORN		N	N	N	N	Glaze	N	Meds given	B. Ellis, COI
	DAY	Y	Y		NO	Refused	[illegible]	ND	meds given	D. [illegible] CO I
	EVE			Y	Y	NO	Roberts	NO	rec meds	T. Johnson, COI
SAT										
12/25/05	MORN	N			N	N	AL	N	meds given	B. Hill, COI
	DAY	Y			N	N	AL	N	meds given	B. Hill, COI
	EVE			Y	Y	N	Roberts	N	rec meds	S. Calhoun COI
SUN										

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive
Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)
Exercise: Enter actual time period and Inside or Outside
Medical: Physician will sign each time the inmate is seen.
Psych: Psychological Counselor will sign each time the inmate is seen.
Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.
OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

BCCF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Randall Hampton AIS NO. [illegible] CELL: 19B
VIOLATION OR REASON: RV#35 / PV ADMITTANCE AUTH. BY: Lt M McCraney
DATE & TIME RECEIVED 3-13-06 @ 3:28 pm DATE & TIME RELEASED
PERTINENT INFORMATION: RV#35 Fighting without a weapon / PV

DATE	SHIFT	MEALS B	MEALS D	MEALS S	SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
4/03/06	MORN	Y	N	N	N	N	[illegible]	N	Rec'd meds	B. Ellis, COI
	DAY		Y		NO	refused	[illegible]	NO	Rec'd meds	D. Diaz COI
	EVE			Y	N	N	[illegible]	N	Rec'd meds	M. Austin COI
MON										
4-4	MORN	Y	—	—	NO	NONE	[illegible]	NONE	[illegible]	R Burnett COI
2006	DAY		Y		N	N	[illegible]	N	Rec'd meds	[illegible]
	EVE			Y	Y	N	[illegible]	N	Rec Meal / Meds	[illegible]
TUE										
4-5	MORN	Y	N	N	N	N	[illegible]	N	Rec'd meds	B. Ellis, COI
2006	DAY	—	Y	—	N	Refused	[illegible]	[illegible]	[illegible]	[illegible] COI
	EVE			Y	—		[illegible]	—	Rec'd meds	[illegible]
WED										
4-6	MORN	Y			N	N	[illegible]	N	Rec'd meds	[illegible]
2006	DAY		Y		NO	refused	[illegible]	NO	Rec'd meds	D. Diaz COI
	EVE			Y	Y	N	[illegible]	N	Rec'd meds	M. Austin COI
THUR										
4-7	MORN	Y			N	N	[illegible]	N	Rec'd meds	[illegible]
2006	DAY		Y		NO	refused	[illegible] LPN	NO	meds given	D. Diaz COI
	EVE			Y	N	N	[illegible]	N	Rec'd meds	[illegible] COI
FRI										
4-8	MORN	N			N	N	[illegible]	N	Rec'd meds	[illegible]
2006	DAY	Y	Y		N	refused	[illegible]	N	Rec'd meds	S. Smart, COI
	EVE			Y	Y	N	[illegible]	N	Rec'd meal / Meds	[illegible] COI
SAT										
4-9	MORN	N			NO	NO	[illegible]	NO	meds given	V. Baldwin, COI
2006	DAY	Y			N	10:59-11:40	[illegible]	N	Rec'd meds.	Sara Smart, COI
	EVE			Y	Y	N	[illegible]	N	Rec'd Meds	Pennington COI
SUN										

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive
Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)
Exercise: Enter actual time period and Inside or Outside
Medical: Physician will sign each time the inmate is seen.
Psych: Psychological Counselor will sign each time the inmate is seen.
Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.
OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

Bullock County Correctional
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Randall Hampton AIS NO: 226420 CELL: 2

VIOLATION OR REASON: #62 Intentionally Creating a Safety Security Health Hazard.

ADMITTANCE AUTHORIZED BY: Lt. Gwendolyn Bakers

DATE & TIME RECEIVED: 12-16-05 @ 4:40pm

DATE & TIME RELEASED:

PERTINENT INFORMATION:

DATE	SHIFT	MEALS B	MEALS D	MEALS S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
	MORN									
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
12/16/05 Friday	MORN				N	N	Roberts	N	see meds	Thams CO I
12-16	DAY	N	—	—	NO	NONE	L. Underwood	NONE	Rec'd. meds	R. Burnett CO I
2005	EVE	Y	Y	Y	ND	Refused	[illegible]	NO	meds - 6 [illegible]	[illegible] CO II
SAT					V	N	[illegible]	N	Received meds	[illegible]
12-18	MORN	N	N	N	N	N	[illegible]	N	Received med.	[illegible] CO I
2005	DAY	Y	—	—	N	Refused	Mosely	N	Refused meds	[illegible]
SUN	EVE						[illegible]		Read mail	

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Meals/ SH: Shower- Yes (Y); No (N); Refused (R)
Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)
Medical: Physician will sign each time the inmates is seen.
Psych: Psychological Counselor will sign each time the inmate is seen.
Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.
OIC Signature: OIC must sign all record sheets each shift.

PHS
PRISON HEALTH SERVICES INCORPORATED

Attachment E, IMPP 10-127
Effective 3-22-91

DEPARTMENT OF CORRECTIONS

REFUSAL TO SUBMIT TO TREATMENT

Date: November 22, 2005 Time: 0900 (A.M.) P.M.

I have been advised by Medical Staff C Holderfield RN

that it is necessary for me to undergo the following treatment:

Hepatitis B Vaccine
(Describe Operation Or Treatment)

The effect and nature of this treatment have been explained to me.

Although my failure to follow the advice I have received may seriously imperil my life or health, I nevertheless refuse to submit to the recommended treatment. I assume the risks and consequences involved and release the above named Medical Personnel, the Bullock Co Correctional
(Name of Facility)

and its agents and employees from any liability.

Inmate: Randell Hampton Date: 11/22/2005

Witness: A. Broom RN Date: 11/22/2005

Witness: S. Robertson RN Date: 11/22/05

DOC # 010-127-004

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Hampton, Randell	226420	10-15-83	B/M	Bullock

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

SHORT STAY RECORD 23

(To be used in case infirmed 23 hrs or less)

Temp 98.4 Pulse 70 Resp 20 B/P 120/76 Weight _____ Height _____

Admission Date: 9/6/2005

History Of Present Illness:

pt c/o "just shaking all over" Noted tremors

Physical Examination:

General Appearance WNL H-E-E-N & T WNL

Heart WNL Lungs WNL

Abdomen WNL Bones, Joints, Extremities WNL

Neurological A-O x 3 ~~Dtg contact for Neuro's~~ Skin WNL

Laboratory & X-Ray:

Condition On Discharge: Alert, oriented, belligerent & angry, kicking door of HCU cell & fist

Discharge Instructions:

Final Diagnosis:

Discharge Date: 9-6-05 1345

Signature Of Attending Physician:

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Hampton, Randell	226420	10-15-83	B/M	BCF

PHS-MD-70048

PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE	TIME	ORIGINATING FACILITY		
9/6/05	0825 (AM) PM	BCCF ☐ SIR ☐ PDL ☐ ESCAPEE ☐	☐ SICK CALL ☒ EMERGENCY ☐ OUTPATIENT	

ALLERGIES: NKDA

CONDITION ON ADMISSION: ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP _____ ORAL / RECTAL RESP 16 PULSE 68 B/P 130/70 RECHECK IF SYSTOLIC <100> 50 ____/____

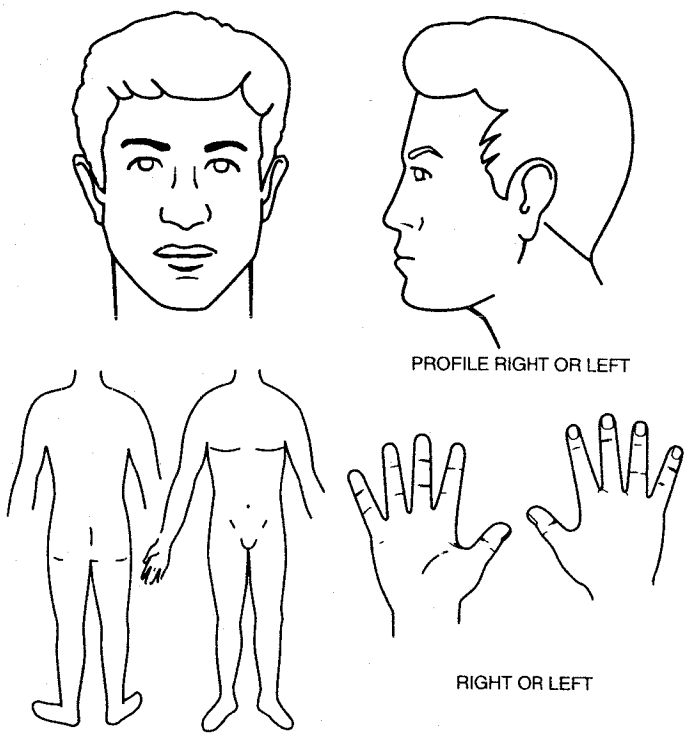
NATURE OF INJURY OR ILLNESS

S - Inmate carried in by 2 other men. I/m states he just started shaking. States just feels a little weak.

O - Laying on exam table. Alert, oriented x 3. Pupils = & reactive

P: Dr. Siddiq here. Will place pt. in HCU to observe. BGroom RN

ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / _____ SUTURES



PHYSICAL EXAMINATION

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT

DISCHARGE DATE	TIME	RELEASE / TRANSFERRED TO	CONDITION ON DISCHARGE
9/6/05	0850 (AM) PM	☐ DOC ☐ AMBULANCE ☐	☐ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
BGroom RN	9/6			

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
Hampton, Randell	226420	10-15-83	B/m	BCCF

PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 9/6/2005 TIME 1145 AM PM
ORIGINATING FACILITY BCCF ☐ SIR ☐ PDL ☐ ESCAPEE ☐
☑ SICK CALL ☐ EMERGENCY ☐ OUTPATIENT

ALLERGIES NKA - "Haldol" per pt.
CONDITION ON ADMISSION ☑ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP ____ ORAL RECTAL RESP. 20 PULSE 70 B/P 120/76 RECHECK IF SYSTOLIC <100> 50 ____/____ SaO2 98%

NATURE OF INJURY OR ILLNESS

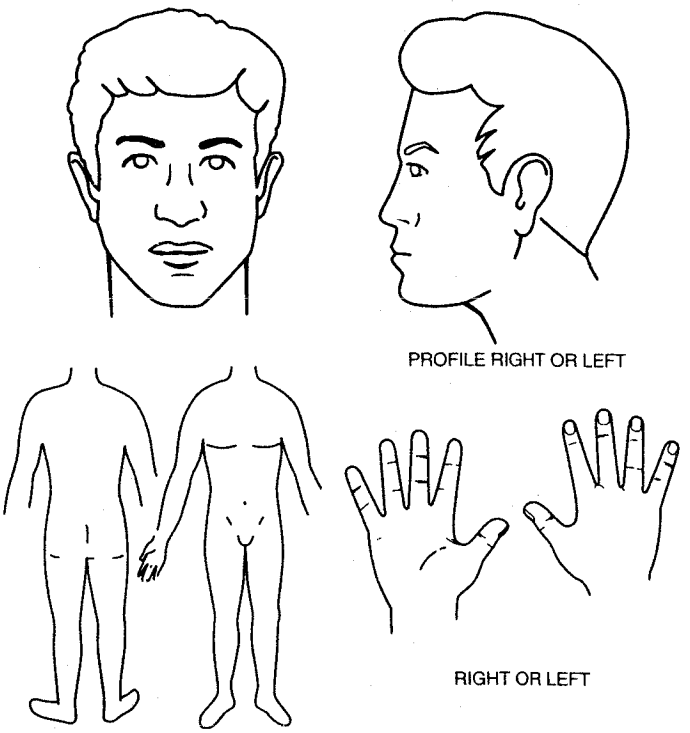
S C/O "just started shaking all over" "Ⓡ elbow hurts"
O VS WNL & SaO2 @ 98%, Pt tremoring c 3 RN & 1 LPN @ side. No dermatological abnormalities. Although c/o "Ⓡ elbow aches" along with the "sore in the top of his crack hurting" Ⓡ arm/elbow s edema, bruising cont. etc. Ⓡ Arm c mobility WNL. full ROM
A- Alteration in comfort R/T Ⓡ elbow pain.

PHYSICAL EXAMINATION

P- Return to HCU to be seen by MD later today.
A. Broom RN

NOTE: Inmate brought to exam room for venipuncture for Tegretol & Phenobarb. level. As he stood by the exam table, he suddenly sank to the floor. States his "body locked up." Requesting ~~CAT~~ CT scan.
A Broom RN

ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / ____ SUTURES



ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
Advil 800 mg po	1155	AB

DIAGNOSIS

INSTRUCTIONS TO PATIENT

DISCHARGE DATE 9/6/05 TIME 1205 AM (PM)
RELEASE / TRANSFERRED TO ☐ DOC ☐ AMBULANCE ☒ HCU
CONDITION ON DISCHARGE ☒ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE A Broom RN DATE 9/6/05
PHYSICIAN'S SIGNATURE [signature] DATE 9/6/05
CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE) Hampton, Randall
DOC# 226420 DOB 10-15-83 R/S B/M FAC BCCF

PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 8/31/05 TIME 1822 (AM) PM

ORIGINATING FACILITY Bullock ☐ SIR ☐ PDL ☐ ESCAPEE ☐

☐ SICK CALL ☒ EMERGENCY ☐ OUTPATIENT

ALLERGIES NKDA

CONDITION ON ADMISSION ☐ GOOD ☒ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 99.4 (ORAL) RECTAL RESP 22 02 sat = 97% PULSE 84 B/P 120/70 RECHECK IF SYSTOLIC <100> 50 ___/___

NATURE OF INJURY OR ILLNESS

S- "I have a place on my behind that hurts unless I sit a certain way - It doesn't hurt - it kinda feels numb - It hurts real bad when I lay on my back - I first noticed it Saturday - I thought it was a bump, like the one under my (R) arm & on the back of my neck. The one on my behind kept getting bigger & hurting worse"

O- Alert, oriented, skin W & D to touch, color normal, resp. regular & unlabored, amb. & steady gait. Has grimace on face & sits gently but

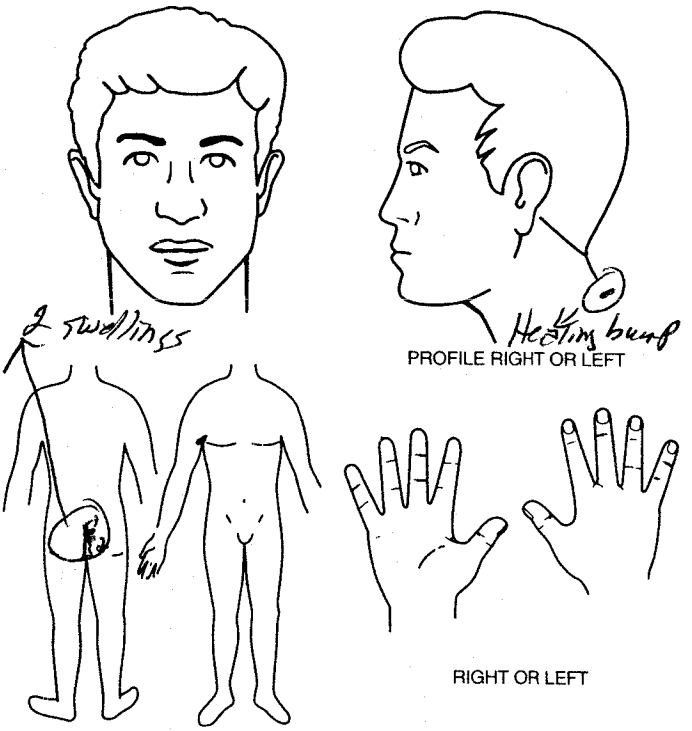
PHYSICAL EXAMINATION

straight. Has 2 swellings @ inner upper edge of (R) buttock, both intact, moderately reddened - #1 is larger & appears to be "heading" - #2 smaller & defined head - Also has healing bump under (R) arm & on back of neck @ hairline - No drainage from any of the above areas

A- Alteration in comfort related to swellings (R) upper inner buttock

P- Give Advil 800mg PO
Release to Population

ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / ___ SUTURES



ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
Advil 800mg PO x1	1840	

DIAGNOSIS

INSTRUCTIONS TO PATIENT
Come for Sick Call - Return to Infirmary as needed

DISCHARGE DATE 8/31/05 TIME 1840 (AM) PM

RELEASE / TRANSFERRED TO ☒ DOC ☐ AMBULANCE ☐

CONDITION ON DISCHARGE ☐ SATISFACTORY ☐ POOR ☒ FAIR ☐ CRITICAL

NURSE'S SIGNATURE [signature] DATE 8/31/05

PHYSICIAN'S SIGNATURE DATE

CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE) Hampton Rondell

DOC#	DOB	R/S	FAC.
226420	10/15/83	B/M	Bullock

PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 8/24/05 TIME AM PM
ORIGINATING FACILITY ☐ SIR ☐ PDL ☐ ESCAPEE ☐ _____
☐ SICK CALL ☐ EMERGENCY ☐ OUTPATIENT

ALLERGIES NKA
CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

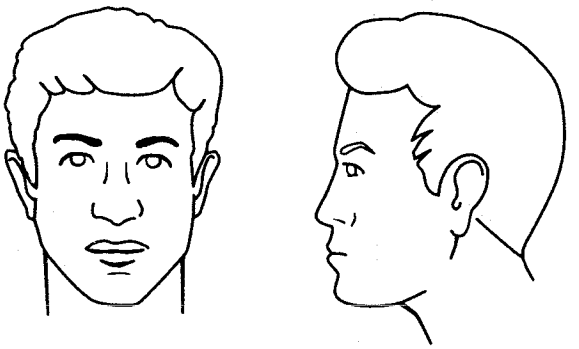
VITAL SIGNS: TEMP 98.6 ORAL RECTAL RESP 20 PULSE _____ B/P ___/___ RECHECK IF SYSTOLIC <100> 50 ___/___

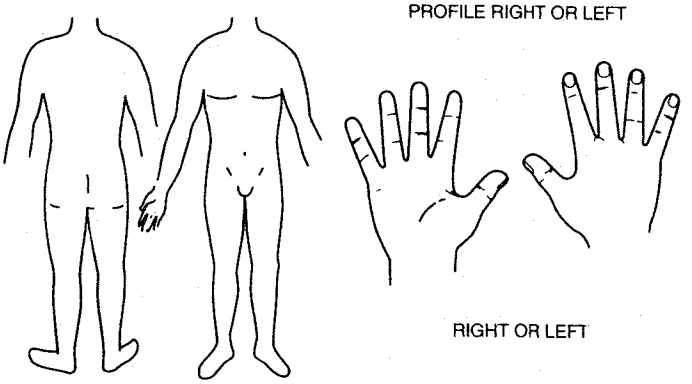
NATURE OF INJURY OR ILLNESS

S- I have small bite (insect) like bumps

O- Alert & oriented X 3, ambulatory, c/o small insect bite bumps on underneath (L) armpit. No open area noted. 3cm nodule. Whitish discharge noted when inmate squeezed and large nodule noted between open area also. NO

ABRASION /// CONTUSION # BURN XX XX FRACTURE Z Z LACERATION / _____ SUTURES


PROFILE RIGHT OR LEFT


RIGHT OR LEFT

PHYSICAL EXAMINATION

A- Alteration in Comfort & Skin integrity R/T possible infected areas

P- 1) areas between groin area cleansed c NS02, and TAO applied to areas under each arm (L).
2) R/T NCH to see MD for sick call am

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT R/T HCH IN AM for sick

DISCHARGE DATE 8/24/05 TIME AM PM
RELEASE / TRANSFERRED TO ☐ DOC ☐ AMBULANCE ☑ pp
CONDITION ON DISCHARGE ☐ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE J. Roberts LN DATE 8/24/05
PHYSICIAN'S SIGNATURE _____ DATE
CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
Hampton Randall	226420		B/M	ACF

PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 11/20/05 TIME 856 AM PM | ORIGINATING FACILITY ☐ SIR ☐ PDL ☐ ESCAPEE ☐ | ☐ SICK CALL ☑ EMERGENCY ☐ OUTPATIENT

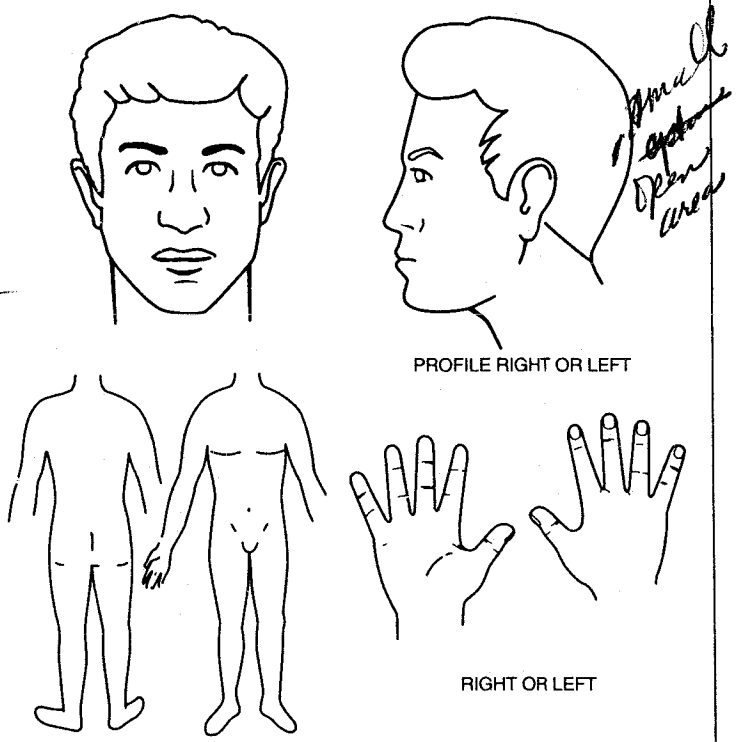
ALLERGIES NKA | CONDITION ON ADMISSION ☑ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 98.2 ORAL RECTAL | RESP 20 | PULSE 76 | B/P 120/68 | RECHECK IF SYSTOLIC <100> 50 ___/___

NATURE OF INJURY OR ILLNESS

O: Caressed for CC, Could stood up and fell in the door striking his head on the door. No noted Bruises
S: Stated "My leg Gave out"
A: Allegation for report of Pain from fall. Aquired a small Broken Area on Back
P: Recall
D: Cleaned Area and observe

ABRASION /// | CONTUSION # | BURN xx xx | FRACTURE Z Z | LACERATION / ___ SUTURES



PHYSICAL EXAMINATION

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT Return to infirmary if S/S develope

DISCHARGE DATE 11/20/05 TIME 900 AM PM | RELEASE / TRANSFERRED TO ☐ DOC ☐ AMBULANCE ☐ | CONDITION ON DISCHARGE ☐ SATISFACTORY ☐ FAIR ☐ POOR ☐ CRITICAL

NURSE'S SIGNATURE [signature] | DATE | PHYSICIAN'S SIGNATURE [signature] 11/20/05 | DATE | CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
Hampton, Randall	226420	10/15/83		

PHS

Nursing Evaluation Tool: General Sick Call

Facility: BBB
Patient Name: Hampton, Randall (Last, First, MI)
Inmate Number: 225420
Date of Birth: 10/15/83 (MM/DD/YYYY)
Date of Report: 7/17/05 (MM/DD/YYYY)
Time Seen: 1620 AM / PM Circle One

Subjective: Chief Complaint(s): c/o muscle pain (L) Leg, Hip, (R) Stomach

Onset: CX + ECBOW

Brief History: (Continue on back if necessary) pt states been laying down all day, DOC says been lifting wts all day

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 98.8 P: 18 RR: 68 B/P: 120/80

Examination Findings: (Continue on back if necessary) 5 ROM 5 Swelling, 5 gross Abnormality (s)

☐ Check Here if additional notes on back

Assessment: (Referral Status) Preliminary Determination(s): pain r/t muscle strain

☑ Referral NOT REQUIRED

☐ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other:

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☑ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: (Describe)

OTC Medications given ☐ NO ☑ YES (If Yes List): Advil 800mg

Referral: ☑ NO ☐ YES (If Yes, Whom/Where): Date for referral: ___/___/___ (MM/DD/YYYY)

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): Time

x _____ Nurses Signature Name: Wm. Stanley Printed

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 7/6/05

To: _____

From: _____

Inmate Name: Hamilton Robert **ID#:** 211534

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Bottom Bunk due to back pain x 6 months.
No lifting >30lbs x 6 months.
7/6/05 → 1/6/06

Date: 7/6/05 **MD Signature:** _____ **Time:** 0900

60418

PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 7/12/05 TIME 1100 AM PM

ORIGINATING FACILITY ☐ SIR ☐ PDL ☐ ESCAPEE ☐ _____

☐ SICK CALL ☑ EMERGENCY ☐ OUTPATIENT

ALLERGIES Waldol

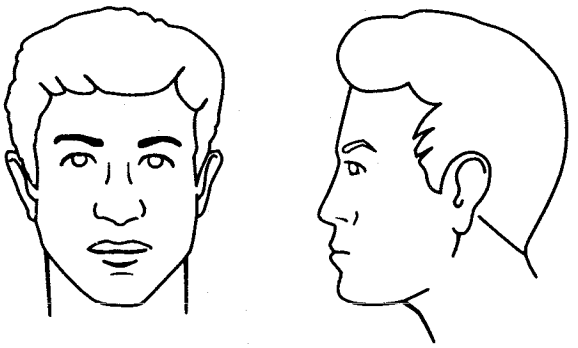
CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 98.5 ORAL RECTAL RESP. 20 PULSE 76 B/P 120/68 RECHECK IF SYSTOLIC <100> 50 ____/____

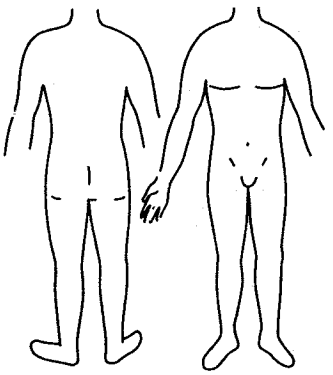
NATURE OF INJURY OR ILLNESS

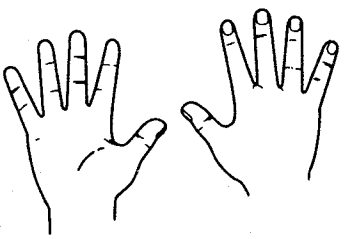
S: Stated "I fell in the kitchen 11/6/0 Back pain
O: no noted Bruises or swelling. No noted problems sitting on Exam Table.
A. alteration in Comfort related to Pain
P. Notify MD for Orders

ABRASION ///	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / _____ SUTURES



PROFILE RIGHT OR LEFT





RIGHT OR LEFT

PHYSICAL EXAMINATION

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
Cedrol 500 mg T.I.D PRN X 10 days P.O. Dr Siddiqi/Nielsen		

DIAGNOSIS

INSTRUCTIONS TO PATIENT Return to Infirmary if S/S get worse

DISCHARGE DATE	TIME	RELEASED / TRANSFERRED TO		CONDITION ON DISCHARGE	
7/12/05	1100 AM PM	☐ DOC ☐ AMBULANCE ☐		☐ SATISFACTORY ☐ FAIR	☐ POOR ☐ CRITICAL
NURSE'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION	

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Hampton, Randall	226420	10/15/83	BM	BCCF